

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO **HZ368732**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION			INCIDENT INFORMATION		
NAME (LAST - FIRST - M.I.) <b>SCHMIDT, RICHARD T</b>			<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR		
STAR NO. <b>7422</b>			ADDRESS OF OCCURRENCE <b>6721 S MAY ST</b>		
POSITION <b>POLICE OFFICER</b>			CITY <input checked="" type="checkbox"/> CHICAGO      STATE (If outside Chicago)		
DATE OF APPOINTMENT <b>31-OCT-2005</b>			LOCATION CODE <b>291-RESIDENTIAL YARD (FRONT/BAC)</b>		
EMPLOYEE NO. <b>[REDACTED]</b>			BEAT OF OCCURRENCE <b>0724</b>		
UNIT OF ASSIGNMENT <b>007</b>			DATE OF OCCURRENCE <b>28-JUL-2016</b>		
BEAT/CALL NO. <b>0706E</b>			TIME <b>18:53:00</b>		
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F			DAY OF WEEK <b>THURSDAY</b>		
RACE <b>WHITE</b>			NO. OF OFFICERS BATTERED <b>1</b>		
DOB <b>[REDACTED]-1982</b>			WERE THERE ASSISTING UNITS ON SCENE?    1. <input checked="" type="checkbox"/> YES    2. <input type="checkbox"/> NO		
HEIGHT <b>509</b>			IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <b>3</b>		
WEIGHT <b>155</b>					
<b>TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED</b>					
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER			WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD GAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		
<b>TYPE OF ACTIVITY</b>					
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input checked="" type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER					
<b>TYPE OF INJURY TO OFFICER</b>					
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE					
<b>LIGHTING CONDITIONS AT INCIDENT</b>					
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD					
<b>MANNER OF ATTACK</b>					
<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)					
<b>TYPE OF WEAPON/THREAT</b>					
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> E. FEET <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> H. OTHER (SPECIFY) _____ <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT					
<b>FIREARM USE INFORMATION</b> (Check all that apply):					
<input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON					
<b>OFFENDER INFORMATION</b>					
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F			RACE <b>BLACK</b>		DOB <b>[REDACTED]-1988</b>
CB NO. <b>19348868</b>			IR NO.		
<b>TYPE OF OFFENDER'S ACTIVITY</b>					
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?    GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN <input checked="" type="checkbox"/> 3. UNKNOWN					
NO. OF OFFENDERS PRESENT? <b>1</b>					
<b>WEATHER CONDITIONS</b>					
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND					
APPROXIMATE OUTDOOR TEMPERATURE: <b>80 °F</b>					

OFFENDER WAS IN THE ACT OF COMMITTING AN ARMED ROBBERY. R/O'S VIEWED  
OFFENDER WITH A FIREARM. OFFENDER RAISED SAID FIREARM IN R/O'S DIRECTION  
PLACING R/O IN FEAR FOR HIS LIFE.

REPORTING MEMBER - SIGNATURE  
SCHMIDT, RICHARD T

STAR NO.  
7422

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
NAVARRO, KEVIN B 45